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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND ROADS OFFICE O. C. C.  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS  
MAR 10 11 42 AM '67

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

I. Operator Sun Oil Company  
Address Box 2792, Odessa Texas 79760  
Reason(s) for filing (Check proper box) ☒ New Well ☐ Recompletion ☐ Change in Ownership ☐ Change in Transporter of: Oil ☐ Casinghead Gas ☐ Dry Gas ☐ Condensate ☐ Other (Please explain)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name New Mexico H State Well No. 10 Pool Name, including Formation Cato-San Andres Kind of Lease State Lease No. K-3259  
Location Unit Letter K ; 1980 Feet From The West Line and 1980 Feet From The South  
Line of Section 16 Township 4S Range 30E , NMPM, Chaves County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐ Sourlock Oil Company Address (Give address to which approved copy of this form is to be sent) 414 Mid American Bldg, Midland, Texas  
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐ Address (Give address to which approved copy of this form is to be sent)  
If well produces oil or liquids, give location of tanks. Unit F Sec. 16 Twp. 8S Rge. 30E Is gas actually connected? No When

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	<input checked="" type="checkbox"/> Oil Well	<input type="checkbox"/> Gas Well	<input checked="" type="checkbox"/> New Well	<input type="checkbox"/> Workover	<input type="checkbox"/> Deepen	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Same Res'v.	<input type="checkbox"/> Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
<u>2-24-67</u>	<u>3-8-67</u>		<u>3497</u>		<u>---</u>			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
<u>4127 DF 4128 KB 4118 GR</u>	<u>Und.-Cato, S.A.</u>		<u>3292-3355</u>		<u>3350</u>			
Perforations					Depth Casing Shoe			
<u>3313-15-17-19-25-27-29-31-33-38-39-42-43-50</u>					<u>3497</u>			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>12-1/4</u>	<u>8-5/8"</u>		<u>451</u>		<u>300 sks</u>			
<u>7-7/8</u>	<u>4-1/2"</u>		<u>3497</u>		<u>300 sks</u>			
	<u>2-3/8"</u>		<u>3350</u>					

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
<u>3-8-67</u>	<u>3-8-67</u>	<u>Flow</u>	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
<u>13</u>	<u>20</u>	<u>Pkr.</u>	<u>18/64"</u>
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
<u>142</u>	<u>112</u>	<u>30</u>	<u>TSTM</u>

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

J.E. Edison (Signature)  
Area Superintendent (Title)  
3-9-67 (Date)

OIL CONSERVATION COMMISSION  
APPROVED 15 1967, 19  
BY COLIN  
TITLE ...

This form is to be filed in compliance with RULE 1104.  
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for allowable on new and recompleted wells.  
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.  
Separate Forms C-104 must be filed for each pool in multiply completed wells.

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